THIS FORM ALONG WITH DL STUDENT POLICY AND STUDENT WAIVER FORM TO BE FILLED OUT BY STUDENT AND PARENT AND RETURNED ON OR BEFORE FRIDAY! IF ALL FORMS NOT COMPLETED CORRECTLY AND/OR NOT RETURNED, STUDENTS MAY NOT STAY IN THIS CLASS!

(PRINT)

STUDENT’S NAME:

SCHOOL:

GRADE:

CLASS SCHEDULE (include all classes, along with teacher’s name beside it):

**I have read and received a copy of the following:**

I do do not have access to a computer at home.

I do do not have access to the web at home.

* Welcome letter
* List of materials needed
* Classroom procedures
* Distance Learning Informational letter
* Distance Learning Student Policy
* Student Waiver Form

Student signature date

Parent/guardian’s names (print please) contact number(s) parents’ email(s)

Parent’s signature date